

Case Name: _____

Mailing Address: _____

_____ Ch. 11 ten-digit Account Number: _____ (Numbers Only)
Court Location: City & State

Send all correspondence to your local U.S. Trustee office.
Mail this form and your payment to:

Amount Enclosed: \$ _____

U.S. Trustee Payment Center
P.O. Box 198246
Atlanta, GA 30384

Date Mailed

Sender

[] Completed at U.S. Trustee Office

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